

## **PRESENT**

Ms. Betsy Abramson, Ms. Nancy Davis, Ms. Patricia Finder-Stone, Mr. Ken Germanson, Dr. Jay Gold, Ms. Catherine Hansen (Chair), Ms. Susan Manning, MS. Sadhna Morato-Lindvall, Mr. Paul Smith, Dr. Paul Harris, Ms. Kathy Johnson, Ms. Amy Wergin, Ms. Alison Bergum, Dr. Seth Foldy, Dr. Larry Hanrahan, Ms. Susan Wood

## **ABSENT**

Mr. Bevan Baker, Dr. Patricia Flatley Brennan, Mr. Peter Daly, Ms. Chrisann Lemery, Mr. Richard Perry, Mr. Raghu Ramakrishnan, Mr. Greg Schneider, Ms. Donna Friedsam, Ms. Stacia Jankowski

## **I. INTRODUCTIONS BY PARTICIPANTS**

At the request of the chair, workgroup members, resources, and staff introduced themselves and shared their background and interests in the area of electronic health records and health information exchange.

## **II. REVIEW WORKGROUP CHARTER AND TIMELINE**

Ms. Hansen reviewed the Consumer Interests Workgroup Charter, Wisconsin's eHealth Action Plan Goals and Guiding Principles, and the Timeline for Wisconsin's eHealth Initiatives. She noted that some activities listed on the charter will be staff driven while others will be driven by workgroup members. The workgroup is expected to make preliminary recommendations for consideration of the eHealth Board at the Board's next meeting (August 3, 2006). The group will continue work through November 2006 to drill down on charter activities and coordinate efforts with other workgroups.

## **III. HEALTH INFORMATION PRIVACY AND SECURITY COLLABORATION PROJECT (HIPSC)**

Wisconsin is one of 34 states to receive a HIPSC grant to work on privacy and security issues as they pertain to electronic health information and health information exchange. Ms. Wood noted that the eHealth Board and the Consumer Interests Workgroup are charged with overseeing activities conducted under this grant and ensuring that these activities are consistent with Wisconsin's eHealth goals. Staff from the Department of Health and Family Services and the University of Wisconsin Population Health Institute will conduct research required by this grant.

## **IV. BRIEFING MATERIALS**

Ms. Bergum outlined the differences between the different, but related, concepts of health information technology (HIT) and health information exchange (HIE): HIT refers to the information technology built *within* an enterprise and HIE to the exchange of interoperable information *between* organizations. The state roadmap must address both but will probably approach them differently in terms of financing and implementation strategies.

Ms. Bergum shared the results of a survey assessing perceptions of Wisconsin's readiness to adopt and implement electronic health records and other health information technology from the perspective of 122 individuals who either attended the May 5 eHealth Conference or serve as eHealth workgroup members or resources. The group agreed that the survey results, while useful, do not adequately represent consumer or patient interests and suggested additional effort go into capturing consumer and patient perspectives.

## **V. IDEAS FOR BUILDING ON WORK ALREADY DONE**

Ms. Hansen called attention to the resources listed on the handout for this agenda item: The American Health Information Management Association's MyPHR.com; the HIPAA Collaborative of Wisconsin (HIPAA-COW); the Markle Foundation's efforts; and the eHealth Trust. She noted that these resources represent only a few examples of work already being done and encouraged the group to visit each organization's Web site if they have not already done so.

## **VI. FUTURE DISCUSSION TOPICS: HIGHEST PRIORITY HIT, HIE, HEALTH LITERACY**

The Patient Care and Consumer Interests Workgroups will make recommendations about which problems are most urgent to solve and which benefits of HIE and HIT are most critical. The Information Exchange group will then assess the feasibility of addressing these areas—and mechanisms to do so—and return proposed solutions to both workgroups.

To start this process, Ms. Bergum and Dr. Foldy will develop a list of potential benefits of HIE and HIT and distribute it to Consumer Interests workgroup members and resources via e-mail. Recipients will be asked to identify top priorities from this list (and add additional, unlisted priority areas) from the perspective of consumers/patients. eHealth project staff will compile responses for discussion and further prioritization at the workgroup's next meeting.

## **VII. STAKEHOLDER ENGAGEMENT**

The group proposed a number of stakeholder organizations that they would like to see involved in this endeavor and discussed possible mechanisms for engagement, including: focus groups, surveys, and open discussions. The need to educate consumers on the benefits of electronic health records and health information technology and encourage dialogue was stressed. Ms. Bergum and Mr. Foldy will flesh out mechanisms for strategic engagement of these and other stakeholder groups for review and discussion at the next workgroup meeting.

## **VIII. UPCOMING EVENTS**

Ms. Wood requested that the group notify her of upcoming events that offer resources regarding eHealth. She mentioned the HIT Symposium taking place in Cambridge, MA on July 17-20.

## **IX. MEETING SCHEDULE AND COMMUNICATION BETWEEN MEETINGS**

Ms. Hansen asked the group for a short meeting evaluation and noted that the next two meetings are scheduled for June 23 and July 12. Both meetings are scheduled in Madison with teleconference options. The group moved to lengthen the meetings, changing the times from 1:00-3:00 to 12:30-3:00, with additional changes to be considered at the June 23 meeting.

Dr. Foldy reminded the group that meeting materials for each workgroup and additional resources (web links) will be available on the eHealth Board Web site:

<http://ehealthboard.dhfs.wisconsin.gov>.